NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION PROGRAMS AND UTAH DIABETES SELF-MANAGEMENT EDUCATION CERTIFICATION CRITERIA

~~*November 2000*~~ *– in revision process*

The Utah Diabetes Education Certification Program criteria are based on the three areas of program content and development delineated in the National Standards for Diabetes Self-Management Education Programs (*Diabetes Care*, May 2000). They are: (1) **Structure**; (2) **Process**, and (3) **Outcomes**.

The following lists each of the National Standards, followed by Utah's criteria for each standard, the documentation required for Utah Certification for each standard, the process by which the standard will be evaluated, and the frequency with which the documentation for the criterion is to be reported to the Utah Diabetes Control Program (UDCP).

STRUCTURE

Standard 1. The Diabetes Self-Management Education (DSME) entity will have documentation of its organizational structure, mission statement, and goals, and will recognize and support quality DSME as an integral component of diabetes care.

Criterion 1-1. A written statement is in place which indicates the diabetes education program is an integral component of diabetes care. This statement should include a mission statement, clear goals for the DSME.

Documentation Required:	The statement written by the sponsoring organization's administration
Application Process:	Attach copy
Reporting Frequency:	Every three years (at the time of certification)

Criterion 1-2. There are clearly identified lines of authority for the diabetes program, advisory committee, diabetes program coordinator, and diabetes education program instructors within the organization.

Documentation Required:	An organizational chart for the program
Application Process:	Attach copy
Reporting Frequency:	Every three years (at the time of certification)

Standard 2. **The DSME entity will determine its target population, assess educational needs, and identify the resources necessary to meet the self-management educational needs of the target population(s).**

Criterion 2-1. At the inception of the program, and annually thereafter, the target population is defined (numbers and ages of individuals with diabetes, type of diabetes, unique characteristics, race and ethnicity, language, formal education level, reading ability, special educational needs, and barriers to participation in education), educational needs are determined, and resources identified.

Documentation Required: Annual needs assessment that includes definition of target population, educational and resource needs of the population.
Application Process: Attach copy
Reporting Frequency: Every three years (at the time of certification)

Standard 3. **An established system (committee, governing board, advisory body) involving professional staff and other stakeholders will participate annually in a planning and review process that includes data analysis and outcome measurements, and addresses community concerns.**

Criterion 3-1. An advisory committee is established that consists of at least a physician, Utah certified dietitian, registered nurse, an individual with behavioral science expertise, a community representative, and a consumer. All members of the committee have either professional or personal experience with diabetes. Other members of the committee may include, but are not limited to: pharmacist, social worker, psychologist, exercise physiologist, ophthalmologist, and/or podiatrist. One or more members of the advisory committee must also be a Certified Diabetes Educator (CDE).

Criterion 3-1. An advisory committee is established that consists of at least a Certified Diabetes Educator (CDE), physician, Utah certified dietitian, registered nurse, pharmacist, a community representative, and a consumer. Other members of the committee may include, but are not limited to: behavioral science specialist, exercise physiologist, physical therapist, ophthalmologist, and/or podiatrist. All members of the committee have either professional or personal experience with diabetes.

Documentation Required: An advisory committee membership list
Application Process: Attach copy of a committee membership list
Reporting Frequency: At the time of certification, and annually thereafter.

Criterion 3-2. The advisory committee will meet *at least* once a year to review program outcome data and community concerns, and to participate in program planning.

Documentation Required: Minutes of Advisory Committee meeting(s)

Application Process: Review during a site visit
Reporting Frequency: Every three years (at the time of certification)

Criterion 3-3. A written policy is in place defining the membership and responsibilities of the Advisory Committee.

Documentation Required: Program policy
Application Process: Attach copy of the policy
Reporting Frequency: Every three years (at the time of certification)

Standard 4. The DSME entity will designate a coordinator with academic and/or experiential preparation in program management and the care of individuals with chronic disease. The coordinator will oversee the planning, implementation, and evaluation of the DSME entity.

Criterion 4-1. A job description for the coordinator is developed and includes responsibility for:

- Serving as a liaison between the program staff, the advisory committee, and the agency administration;
- Coordinating new instructor orientation and ensuring instructors receive timely and appropriate continuing education;
- Overseeing the program review and development of the annual program plan;
- Participating in the development of the annual program budget;
- Evaluating program effectiveness and submitting annual outcomes reports to the UDCP;
- Serving as a member of the advisory committee; and
- Providing on-site supervision of the program.

Documentation Required: Program coordinator's job description
Application Process: Attach copy of job description
Reporting Frequency: Every three years (at the time of certification), unless significant changes are made

Criterion 4-2. The program coordinator is either a Certified Diabetes Educator (CDE) or a health care professional who holds, as a minimum, a bachelor's degree from an accredited college or university and has completed at least 24 hours of approved additional education in the pathophysiology and care of diabetes, diabetes education, educational principles, and behavioral strategies within 3 years of application for certification. Examples of approved health care professionals include: registered dietitian, registered nurse, pharmacist, health educator, social worker, physician, or psychologist. The coordinator holds a current license from the governing body of his/her organization/association.

Criterion 4-2. The program coordinator is either a Certified Diabetes Educator (CDE) or has some background in administration who has experience in program

management of individuals with chronic disease, or holds, as a minimum, a bachelor's degree from an accredited college or university.

Criterion 4-3. A personnel file is established for the coordinator and updated annually. The file will include documentation of professional license or certification, and diabetes education program preparation or CDE.

Criterion 4-3. A personnel file is established for the coordinator and updated annually. This file shall contain documentation of competency and qualifications which may include, but are not limited to: curriculum vitae, resume, certifications and professional licenses.

Documentation Required:	Documentation of professional license or certification, and diabetes education program preparation or CDE.
Application Process:	Attach copy of coordinator's professional license or certification, and diabetes education program preparation or CDE.
Reporting Frequency:	Every three years (at the time of certification), unless a change is made. If there is a change in the Program Coordinator, the organization has three (3) months to notify the UDCP of the change. The notification should include documentation of the new Coordinator's academic and professional preparation in diabetes education.

Standard 5. DSME will involve the interaction of the individual with diabetes with a multifaceted education instructional team, which may include a behaviorist, exercise physiologist, opthalmologist, optometrist, pharmacist, physician, podiatrist, registered dietitian, registered nurse, other health care professionals, and paraprofessionals. DSME instructors are collectively qualified to teach the content areas. The instructional team must consist of at least a registered dietitian and a registered nurse. Instructional staff must be Certified Diabetes Educators (CDEs) or have recent didactic and experiential preparation in education and diabetes management.

Criterion 5-1. The program instructors are health care professionals with recent didactic and experiential preparation in diabetes clinical and educational issues. Accredited professional preparation of the instructors includes *at least* nursing and dietetics. The instructors hold current licenses and/or certification from their respective governing bodies. Participation of other health care professionals who hold, as a minimum, a bachelor's degree from an accredited college or university as program coordinators and instructors is recommended. Examples of health care professionals include: pharmacist, health educator, social worker, physician, etc. The program instructors are Certified Diabetes Educators or have at least 24 hours of approved additional education in the pathophysiology and care of diabetes, diabetes education, educational principles, and behavioral

strategies. The 24 hours of education must have occurred within three (3) years of application for program certification. It is recommended that all instructors work toward earning certification as a diabetes educator (CDE).

Criterion 5-2. Personnel files for the instructors are established and updated annually and include documentation of professional license and/or certification, and diabetes education program preparation or CDE.

Documentation Required:	Professional license or certification, and diabetes education program preparation or CDE
Application Process:	Attach copies of the instructors' professional licenses or certifications, and their diabetes education program preparation or CDE.
Reporting Frequency:	Every three years (at the time of certification), unless a change is made. If there is a change in the core program instructors (RN or RD), the organization has three (3) months to notify the UDCP of the change. The notification should include documentation of the new instructors' professional licenses and/or certifications, and diabetes education program preparation or CDE.

Standard 6. The DSME instructors will obtain regular continuing education in the areas of diabetes management, behavioral interventions, teaching and learning skills, and counseling skills.

Criterion 6-1. Program instructors will complete at least **6 hours** per year of approved continuing education in diabetes, behavioral strategies, and educational principles.

Criterion 6-2. Personnel files for instructors are established and updated annually to include documentation of approved continuing education.

Documentation Required:	Topics, provider, dates, and number of hours for continuing education
Application Process:	Review during the site visit
Reporting Frequency:	At the time of certification and annually thereafter

Standard 7. A written curriculum, with criteria for successful learning outcomes, will be available. Assessed needs of the individual will determine which content areas listed below are delivered.

- **Describing the *diabetes disease process* and treatment options**
- **Incorporating appropriate *nutritional management***
- **Incorporating *physical activity* into a lifestyle**
- **Utilizing *medications* (if applicable) for therapeutic effectiveness**
- ***Monitoring* blood glucose, urine ketones (when appropriate), and**

using the results to improve control

- **Preventing, detecting, and treating *acute complications***
- **Preventing (through *risk reduction* behavior), detecting, and treating chronic complications**
- ***Goal setting* to promote health, and problem solving for daily living**
- **Integrating *psychosocial adjustment* to daily life**
- **Promoting *preconception care*, management during *pregnancy*, and *gestational diabetes management* (if applicable)**

Criterion 7-1. The written curriculum is current and includes educational objectives, content outline, instructional methods and materials, and an evaluation method to objectively assess achievement of the patient in all ten (10) content areas listed above (as appropriate for the target population).

Documentation Required: The written curriculum including all elements listed in Criterion 7-1 above for the content areas (listed in Standard 7) which are appropriate for the target population served. If all ten (10) content areas are not addressed, please document rationale.

Application Process: Attach copy of the curriculum

Reporting Frequency: Every three years (at the time of certification), unless significant changes are made

PROCESS

Standard 8. An individualized assessment, development of an educational plan, and periodic reassessment between participant and instructor(s) will direct the selection of appropriate educational materials and interventions.

Criterion 8-1. An individual assessment is completed for each patient which includes relevant medical history, cultural influences, health beliefs and attitudes, diabetes knowledge, self-management skills and behaviors, readiness to learn, cognitive ability, physical limitations, family support, and financial statue.

Criterion 8-2. Each patient's educational plan includes educational objectives based on his/her individual assessment.

Criterion 8-3. Instructional methods and materials used are appropriate to age, reading level, special education needs, language and cultural relevance, and meet the needs of the individual's diabetes diagnoses (e.g., type 1, type 2, gestational diabetes, etc.), as determined by his/her individual assessment.

Criterion 8-4. An individual reassessment is completed for each patient to determine his/her achievement of the educational objectives set.

Documentation Required: Protocol for individual patient assessment, development of the educational plan, and reassessment

Application Process: Attach copy of protocol
Reporting Frequency: Every three years (at the time of certification), unless significant changes are made

Standard 9. There shall be documentation of the individual's assessment, education plan, intervention, evaluation, and follow-up in the permanent confidential education record. Documentation also will provide evidence of collaboration among instructional staff, providers, and referral sources.

Criterion 9-1. Permanent, confidential educational records are maintained for each program participant and include:

- Individualized educational assessment,
- An education plan (including educational goals/objectives),
- Intervention (content covered, method, instructor and date taught),
- Evaluation (post program assessment of participant achievement of knowledge, skill, and behavioral change goals/objectives as well as HbA1c level),
- A follow-up plan,
- Follow-up communication with the primary care provider and/or referring provider.

Documentation Required: Educational record including all required elements
Application Process: Attach copy of form or format of the educational record
Reporting Frequency: Every three years (at the time of certification), unless significant changes are made

Criterion 9-2. Coordination between program staff and others, including the participant, is documented and facilitated through the educational record.

Documentation Required: An educational record
Application Process: Review during the site visit
Reporting Frequency: Every three years (at the time of certification)

OUTCOMES

Standard 10. The DSME entity will utilize a continuous quality improvement process to evaluate the effectiveness of the education experience provided, and determine opportunities for improvement.

Criterion 10-1. The program uses a Continuous Quality Improvement (CQI) process to improve the educational program. The CQI process includes:

- Establishing clearly defined goals/objectives (based on the target population assessment);
- Collecting and analyzing data;
- Identifying and implementing process improvement measures;
- Continuing analysis of processes of care and education, health outcomes, and patient satisfaction.

Documentation Required: A quality improvement plan that delineates goals or objectives, means of data collection and analysis, implementation of process improvement measures, and health outcomes.
Application Process: Attach copy of a quality improvement plan
Reporting Frequency: At the time of certification, and annually thereafter

Criterion 10-2. Achievement of ***one*** *or more* of the following patient behavior change goals assessed by the Advisory Committee and reported to the UDCP annually:

- Percent of patients who, as of their last visit, understood and followed a meal plan and/or basic diabetes nutrition guidelines
- Percent of patients who are physically active, as of the last visit
- Percent of patients who, as of their last visit, regularly and accurately monitored their blood glucose

Documentation Required: Data on achievement of one or more patient behavior change goals
Application Process: State which measure(s) will be followed and describe how the data will be collected
Reporting Frequency: At the time of certification, and annually thereafter

Criterion 10-3. Participant health status outcomes, based on the following measures is evaluated by the Advisory Committee and reported to the UDCP annually:

- Percent of patients with at least one hemoglobin A1c in the past year
- Average change in HbA1c levels, pre and post program participation
- Percent of patients with blood pressure # 130/80 mmHg
- Percent of patients with lipids tested in the past year

Documentation Required: Data on patient hemoglobin A1c frequency and pre and post program levels, blood pressure levels, and frequency of lipid profile measurement
Application Process: Describe how the data will be collected
Reporting Frequency: At the time of certification and annually thereafter